



## Department of Veterans Affairs

### REPORT OF CONTACT

(NOTE: This form must be filled out in ink or on typewriter, as it becomes a permanent record in veterans' folders.)

VA OFFICE

«ROStationNumber»

IDENTIFICATION NOS., (C, XC, SS, XSS, V, K, etc.)

«ClaimPayee»

LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN (Type or print)

«FullName»

DATE OF CONTACT

«CurrentDate»

ADDRESS OF VETERAN

«MailingAddress»

TELEPHONE NO. OF VETERAN (Include Area Code)

Home: «HomePhone»

Work: «WorkPhone»

PERSON CONTACTED

TYPE OF CONTACT (Check)

☐ PERSONAL

☐ TELEPHONE

ADDRESS OF PERSON CONTACTED

TELEPHONE NO. OF PERSON CONTACTED (Include Area Code)

BRIEF STATEMENT OF INFORMATION REQUESTED AND GIVEN

DIVISION OR SECTION

VR&C DIVISION

EXECUTED BY (Signature and title)